

FILM PRODUCTION APPLICATION (Minor)



Project Name: _____ Date: _____

City of Tualatin Community Development Department
18880 SW Martinazzi Avenue, Tualatin, Oregon 97062
www.tualatinoregon.gov

Welcome and thank you for choosing to film in the City of Tualatin

Please provide all information appropriate to your production and fax it to:
(503) 692-0147 no later than 24 hrs (business day) before start of production

Proposed Filming Dates in Tualatin: _____ to _____

Primary Contact (Name & Address): _____

Contact Phone: (____) ____ - ____; Email: _____

Approximate Size of Crew (including talent): _____

Parking Needs : How Many Vehicles? _____; On-Street _____ Off-Street _____

(Please Describe): _____

Types of Equipment Used: _____

Type of Project:

Brief Description of Project: _____

Consent of Property Owners? Yes _____ No _____

(Please provide a list of consenting property owner names and addresses as an attachment to this form)

APPLICANT:

Sign: _____ Date _____

REVIEWER (Office Use Only)

Sign: _____ Date _____